

Division of Occupational & Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
FAX: 801 530-6511

## VERIFICATION OF ASSOCIATION OR DISASSOCIATION OF FUNERAL SERVICE APPRENTICE

### TO BE COMPLETED BY THE SUPERVISING FUNERAL SERVICE DIRECTOR:

Pursuant to Utah Code 58-9-307(3) Supervision of a Funeral Service Apprentice:

Within 30 days after the day on which the supervisor-supervisee relationship between a licensed Funeral Service Director and a licensed Funeral Service Apprentice terminates, the Funeral Service Director shall furnish to DOPL a report of the performance of the Funeral Service Apprentice. The report shall be in a form and content as prescribed by DOPL.

Select one option below (A, B, or C) and complete the corresponding section:

- ☐ A. I am verifying the disassociation of a Funeral Service Apprentice, who was previously associated with me.

Name of Funeral Service Apprentice: \_\_\_\_\_

Address of Funeral Service Apprentice: \_\_\_\_\_

Phone: \_\_\_\_\_ License Number: \_\_\_\_\_

Dates Supervised: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Satisfactory Performance

\_\_\_\_\_ Unsatisfactory Performance

- ☐ B. I am verifying the association of a **licensed** Funeral Service Apprentice.

Name of Funeral Service Apprentice: \_\_\_\_\_

Address of Funeral Service Apprentice: \_\_\_\_\_

Phone: \_\_\_\_\_ License Number: \_\_\_\_\_

*(Continued on the Reverse)*

- ☐ C. I am verifying the association of an **unlicensed** Funeral Service Apprentice.

Provide this form to the applicant to submit to DOPL with his/her application for licensure. Pursuant to Utah Administrative Code R156-9-402(9), a Funeral Service Director must assure each supervisee is appropriately licensed as a Funeral Service Apprentice prior to beginning the supervision. It is unlawful to employ a Funeral Service Apprentice prior to his/her becoming licensed.

Name of Funeral Service Apprentice: \_\_\_\_\_

Address of Funeral Service Apprentice: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Responsible Licensed Funeral Service Director: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ License Number: \_\_\_\_\_

Name of Funeral Service Establishment: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ License Number: \_\_\_\_\_

I do hereby certify that I am a licensed funeral service director in the state of Utah, and that the above information is accurate. I have read the current Funeral Service Licensing Act and Rules and understand the requirements of supervising an apprentice. I further certify that I have met all of the requirements of eligibility to be an approved funeral service director supervisor, and to the best of my knowledge there is no reason that I am not competent or qualified to supervise. I further certify that I will comply with all the requirements of laws and rules governing the practice of funeral service and that I am responsible to ensure that the person named as the applicant complies with the requirements of law and rule. I agree as provided by applicable law to notify DOPL within 30 days of the termination of the supervision of the apprentice and to provide a report on the performance of the apprentice during the period of supervision.

Signature of Supervising Funeral Service Director: \_\_\_\_\_

Date of Signature: \_\_\_\_\_